DESCRETARMIOF THE SENATE PUBLIC RECORDS

2019 JUL -2 PH 2: 08

COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Name of Traveler: Erica Songer	
Employing Office/Committee: Senate	or Chris Coons/Senate Judiciary Committee
Travel Expenses Paid by (List all sour	
Travel Date(s): May 4, 2019-May 5,	2019
Description/Title of Attached Forms:	Form RE-2 Employee Post-Travel Disclosure of Travel Expenses
	<u> </u>
	reason for amending original submission): Meal expenses were was no monetary reimbursement provided. The meal was a buffet,
provided at the luncheon I attende	ed. Per Ethics staff, the per person price of the meal is included on
the amended form.	
July 2, 2019	41/2
(Date)	(Signature of Traveler)

Employee Post-Travel Disclosure of Travel Expenses

RECEIVED Stamp:
SECRETARY OF THE SENATE
PUBLIC RECORDS

Post-Travel Filing Instructions: Complete this form within 30 days of returning from 2019 JUL -2 PH 2: 09 travel. Submit all forms to the Office of Public Records in 232 Hart Building.

travel. Submit all form	s to the Office of Pub	olic Records in 232 Hai	rt Building.	ና ባ 1	
In compliance with Rube reimbursed/paid for		_	sures with respect to	travel expenses that have been or	w
		rization (Form RE-1), z	-	y, invitee list, etc.)	
Private Sponsor(s) (list	all): Muslim Advo	cates			
Travel date(s): May 4				·	
Name of accompanying	g family member (if a	ny):			
Relationship to Travele	er: 🗆 Spouse 🗀	Child	•		
	OSTS IN EMPLOYEE	EASE DUE TO THE ACC EXPENSES. (Attach addi		SE OR DEPENDENT CHILD, ONL y.)	Y
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)	
☐ Good Faith Estimate		\$219.13	\$40.00		
🖾 Actual Amount					
Expenses for Accomp	anying Spouse or De	pendent Child (if applie	able):		
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)	
☐ Good Faith Estimate					
☐ Actual Amount					
_	-		· ·	Attach additional pages if Coons' National Origin-Base	:d
Antidiscrimination	for Nonimmigrant	s Act. See attached	exhibit for addition	nal information.	
7/2/19 (Date)	Erica (Printed r	Sove Q S name of traveler)		(Signature of traveler)	
TO BE COMPLETED	BY SUPERVISING	MEMBER/OFFICER:			
			ections with travel des dexpenses as defined	scribed in the <i>Employee Pre-Tra</i> v	el

(Revised 1/3/11)

(Signature of Supervising Senator/Officer)